PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Fresenius Medical Care North America PAC 801 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 255 (Check if address is changed) Washington 20004-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS outsourcing@aristotle.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00401299 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Eric Bishop Type or Print Name of Treasurer Eric Bishop [Electronically Filed] 12 18 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
		OMMITTEE			
	naidate	Committee:			
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate		
Nam Can	ne of didate				
	didate y Affiliatio	Office Sought: House Senate President	State		
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District		
Nam Can	ne of didate				
Par	tv Com	nmittee:			
(d)		(National, State	Democratic, tepublican, etc.) Party.		
Poli	itical A	ction Committee (PAC):			
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a		
		X Corporation Corporation w/o Capital Stock	Labor Organization		
		Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.	·		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	nt Fund	raising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political		
	Committees Participating in Joint Fundraiser				
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			
	4.				

			_
FEC Form 1 (Revis	sed 02/2009)		Page 3
Write or Type Committee N	lame		
Fresenius Me	edical Care North Ame	erica PAC	
6. Name of Any Connecte	ed Organization, Affiliated Committee, J	oint Fundraising Representati	ve, or Leadership PAC Sponsor
Fresenius Medical (Care North America		
Mailing Address	920 Winter St		
Mailing Address			
	Waltham	MA	02451-1521
	CITY	CTATE	710 CODE
	CITY	STATE	ZIP CODE
Relationship: X Conne	ected Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number	optional) and position of the	e person in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
8. Treasurer: List the name any designated agent (e.	e and address (phone number optional) g., assistant treasurer).	of the treasurer of the committ	ee; and the name and address of
Full Name Eric Bi of Treasurer	shop		
Mailing Address	920 Winter St		
		<u> </u>	<u></u>
	Waltham	, , , , , , , MA	02451-1521
	CITY	STATE	ZIP CODE
Title or Position Treasurer	I		781 699 4122
		Telephone number	

FEC For i	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 2
safety deposit b	oxes or maintains funds. Depository, etc. Comerica Bank P.O. Box 75000	
safety deposit b Name of Bank,	Depository, etc. Comerica Bank P.O. Box 75000 MC 2250 Detroit MI 48275	
safety deposit b Name of Bank,	Depository, etc. Comerica Bank P.O. Box 75000 MC 2250 Detroit MI 48275	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. Comerica Bank P.O. Box 75000 MC 2250 Detroit CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Comerica Bank P.O. Box 75000 MC 2250 Detroit CITY STATE Depository, etc.	ZIP CODE

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

Adding second bank account and updating committee e-mail address.

Form/Schedule: Transaction ID: